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ABSTRACT

For adolescents faced with many developmental tasks, a loved one's death by suicide is a tragic event linked with increased morbidity, death fears, and psychopathology. Adolescents struggle to master tasks such as refining abstract thought, achieving independence, developing values, exploring intimacy in social and sexual relations, and becoming the person one wants to be. Bereavement after suicide confronts the adolescent with the reality of death and with the need to decide if life is worth living without the loved one. Bereaved adolescents are a population in need of counseling. Unresolved bereavement may be one factor leading to adolescent suicide. Adolescent survivors of suicidal death learn that death is permanent, suicide is possible, and they did not prevent the suicide. Links between bereavement after suicide, development, and adolescent suicide require further study. Inconsistent definitions of adolescence, samples of adolescents in psychotherapy, and other methodological problems limit the understanding of how adolescents cope with bereavement after suicide. Conclusions based on bereaved adolescents in therapy should not be misinterpreted as data about normal bereavement. (Author)

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Adolescent Bereavement after Suicide: A Review

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Abstract

For adolescents faced with many developmental tasks, a loved one's death by suicide is a tragic event linked with increased morbidity, death fears, and psychopathology. Adolescents struggle to master tasks such as refining abstract thought, achieving independence, developing values, exploring intimacy in social and sexual relations, and becoming the person one wants to be. Bereavement after suicide confronts the adolescent with the reality of death and with the need to decide if life is worth living without the loved one. Bereaved adolescents are a population in need of counseling. Unresolved bereavement may be one factor leading to adolescent suicide. Adolescent survivors of suicidal death learn that death is permanent, suicide is possible, and they did not prevent suicide. Links between bereavement after suicide, development, and adolescent suicide require further study. Inconsistent definitions of adolescence, samples of adolescents in psychotherapy, and other methodological problems limit the understanding of how adolescents cope with bereavement after suicide. Conclusions based on bereaved adolescents in therapy should not be misinterpreted as data about normal bereavement.

Adolescent Bereavement and Suicide: A review

Interest in bereavement after suicide has increased. The bereaved, or survivor-victims of suicide, represent a major mental health population in need of counseling (McIntosh, 1986). Survivors are estimated to number in the millions and are increasing annually by between 20,000 and 30,000. As adolescent suicide has risen 237% between 1960-1980, the number of adolescent survivor victims grieving the death of peers has increased, and yet scant attention has been paid to adolescent bereavement after suicide (Balk, 1983).

Suicide, an untimely, unanticipated, and premature death, poses serious difficulties for survivors. Adolescents who fail to grieve have a higher suicide risk (Corr & McNeil, 1986; Richman, 1986). Counselors must recognize recognize normal grief and identify adolescents at risk for difficult bereavement or suicide (Balk, 1983; Raphael, 1974).

Knowledge about adolescent bereavement is incomplete. Few references examine adolescent responses to the death of a parent, sibling or peer (Corr & McNeil, 1986). Child and adult bereavement problems are emphasized. Grief research ignores adolescence as a developmental stage (Balk, 1983; Binger, 1973; Fleming & Adolph, 1986; Poznanski, 1979; Van Eerdewegh, Bieri, Parilla, & Clayton, 1982).

Normal adolescent bereavement lacks investigation (Osterweis, Solomon, & Green, 1984). Adolescents may be vulnerable to negative consequences of bereavement because they no longer have protection afforded younger children whose immature cognitive skills and concrete thinking buffer the full impact of bereavement (Van Eerdewegh, et al. 1982). The influence of cognition, personality development and death concepts on bereavement among adolescents remains unexplored.

Many writers based their conclusions about adolescent bereavement on anecdotal evidence drawn from adult or child clients in therapy, and yet differences between adult and adolescent bereavement are unknown (Fleming & Adolph, 1986; Corr & McNeil, 1986). Youth bereavement research often reflected sampling bias or methodological problems (Corr & McNeil, 1986). Difficulties in adolescent bereavement may be the roots of later adult depressions (Beck, Seti & Tuthill, 1963; Bowlby, 1961).

This article provides a comprehensive literature review of adolescent bereavement after suicide, explores adolescent developmental problems, issues in death and bereavement, adolescent bereavement after suicide, and provides recommendations for research. A comprehensive literature review seems warranted. Adolescent survivor victims are a distinct group whose needs cannot be explained from data about adult and child bereavement. Suicide prevention

programs emphasize the importance of counseling bereaved adolescents (Valente & Saunders, 1987). Conclusions from vignettes of adolescents in therapy must be contrasted with research on normal bereavement and effective interventions.

Procedures

Sources for this comprehensive review of the bereavement included a bibliographic search of adolescent bereavement and suicide survivors from Psychological Abstracts and SIEC (Suicide Information Education Center) computerized data bases for 1966-1986. Other references for adolescents and survivor grief were identified from a McIntosh's (1986) suicide bibliography. Dissertations and unpublished data that could be found were evaluated.

Adolescent Developmental Problems

Adolescence is now recognized as a developmental life stage. In most preindustrial, and agricultural societies, adolescence and youth were not considered as life stages, so the transition from child to adult was brief (Maris, 1985).

Adolescence in current western societies is a longer "coming of age." Adolescence is a time when individuals leave childhood and develop the responsibilities, cognitive skills, self concept, identity, moral or ethical values, behaviors and career goals that are expected of adults (Sugar, 1968). As abstract thought develops, adolescents personalize the meaning of death and consider the possibility of suicide.

Theorists (Corr & McNeil, 1986; Garmezy, 1981; Sugar, 1968) expect adolescents to: (a) achieve a gender-consistent social role; (b) achieve independence from one's parents; (c) find a responsible sexuality; (d) refine logical, abstract reasoning; (e) prepare for an occupation; (f) develop values that will guide one through adulthood; and (g) achieve intimacy in sexual and social relations.

Adolescence is a time of marginality, confusion, and ambiguity when adolescents are freed from responsibilities and denied the rights of adults (Maris, 1985). Unemployment, nuclear war threat, sexuality taboos, and contradictory societal demands complicate mastery of developmental tasks (Maris, 1985). Successful mastery of adolescent tasks is necessary for emotional entry into adulthood (Laufer, 1966).

Adolescents are expected to defer sexual gratification and meaningful employment. Growing problems of promiscuity, teenage pregnancy, and rape may stem from the lack of regular acceptable sexual outlets (Diepold & Young, 1979). Limited resources and inadequate family support increase stress. Adolescent problems grow as society disenfranchises them from full acess to employment, sexual activity, and meaningful participation in society (Maris, 1985).

Issues in Bereavement and Death

Bereavement, the total response over time to a death, is a slow process of recognizing that a beloved person has died

and of creating some meaning out of the death (Saunders, 1981). Bereavement includes grief, the emotional or affective responses to death and mourning, the social expressions of bereavement such as rituals surrounding death (Osterweis et al. 1984). Mourning rituals provide opportunities for changes in self concept and transitions to new stages of personal identity (Osterweis et al. 1984). Rituals sanction public expression of private distress, reordering of disrupted relationships, and adjustments to social status changes (Osterweis et al. 1984).

Responses to Bereavement

During the first year or two of bereavement, most adults report several symptoms of somatic distress, feelings of ambivalence, loss of usual habits of behavior, and changes in changes social status and roles, but adolescent responses remain unclear (Lindeman, 1944; Parkes, 1972).

The bereaved person experiences changes in cognitions, continuity of life, emotions, and physical symptoms. Cognitively, the bereaved struggles to restructure the meaning of life. Asking why the death occurred and wondering if any act could have prevented the death, bereaved persons commonly become acutely aware of their own mortality and of the fear that other loved ones could also die.

Theoretical Perspectives of Bereavement

Freud (1950) created the psychodynamic explanation that

mourning included such behaviors as profound dejection, loss of capacity to adopt new love object, loss of interest in the outside world and preoccupation with thoughts of the dead person.

From an existential framework, Rowe (1984) defines grief as the survivor's attempt to maintain continuity of beliefs about life and identity that death has interrupted. Grief may include such feelings as pain, fear, sorrow or anger as an individual desperately attempts to mend the rifts that have been made in the world of meaning. When another dies, the bereaved initiates the search for some way to reestablish the old continuity of life. Suddenly the bereaved person becomes painfully aware of the reality of death. In the process of bereavement, people examine the nature of death and the purpose of life. Often these normal grief responses are misinterpreted as evidence of psychopathology.

The way an individual construes death is central to how that individual constructs the purpose of life (Rowe, 1984). Others (Laufer, 1966; Raphael, 1974; Sugar, 1968) view mourning as an individual's efforts to accept a loss in the external world while making corresponding changes in the inner world. Finally, the bereaved restructures meaning in life without the deceased and decides if life is worthwhile.

Unless the bereaved finds meaning in the death, grief and mourning may lead to death. Failure to grieve and to reconstruct a life view may result in serious pathology (Richman,

1986). Death poses the immediate question of what dying and what one's own dying means (Rowe, 1984). Death is either the end of an individual's identity or a path to another life."

Adolescents and Bereavement

Consequences of bereavement include personal growth and improved coping strategies. Raphael (1974) analyzed 22 adolescent psychotherapy patients and concluded that bereavement can offer a "second chance" for reworking childhood conflicts. Coping with bereavement may catalyze growth, maturation, development or pathology (Baldwin, 1978; Offer, 1969).

After a sibling's death, adolescents learned that there were ways to cope with adversity, irrevocably bad things happen in life, and people should be valued (Balk, 1983). Four and 84 months after the sibling's death, Balk (1983) interviewed 33 white middle/upper class adolescents aged 14-19. Emotions present during the initial and follow up interview were: shock (88%/30.3%), confusion (88%/3.1%), depression (81.8%/45.5%), fear (57.5%/24.2%), loneliness (66.7%/33.3%) and anger (75.8%/27.3).

One third of these 33 teens reported enduring grief reactions such as confusion, depression, guilt, shock, or anger after the death (Balk, 1983). Criteria for normal and atypical bereavement were not examined. Balk (1983) demonstrated that symptoms of bereavement changed over time

and pointed the way for further research describing these symptom changes. Because sibling grief is unique and longlasting, these data do not generalize to other bereavement (Osterweis, et al. 1984). Laufer (1966) cautions that more knowledge of adolescent bereavement is needed before we can assess the meaning of these behavior changes.

Researchers (Cain, Fast, & Erickson, 1964) found that well adjusted children showed their difficulty coping with a sibling's death by their altered behavior patterns. Guerriero (1983) reported that younger adolescents who had been protected from the reality of death had not developed coping strategies to deal with death. Without the child's protected status, teens who had not reached the independence of adulthood had difficulty coping with bereavement (Guerriero, 1983). Adolescents master bereavement when supportive people provide meaning and stability to life and say, "You count" (Garmezy, 1981).

While most teens know that death is universal and nonreversible, their preoccupation with forming an identity (being and becoming) makes them vulnerable to romanticizing death. For the adolescent, the quality of life and becoming "real" is more important than living a long life (Pattison, 1977). Adolescents fear death as the loss of the newly gained sense of being, of having found the real "me".

No longer limited to a child's defenses such as denial,

Adolescents have the necessary cognitive skills to respond to death (Sugar, 1968). However the links between adolescent bereavement and mastery of separation, intimacy, control and self concept are unexplored. Adolescents who are giving up idealized parent images and infantile attachments may be more vulnerable to bereavement (Laufer, 1966).

From 1979-1980, LaGrand (1981) retrospectively surveyed 1,139 New York students with an average age of 19.5 and reported symptoms after a loss or death. Reactions to a combined category of loss or death included depression, empty feelings, crying, insomnia, headaches, digestive problems, weakness, nausea, lethargy, weight loss, nervousness and a wide range of somatic complaints. Feelings included shock, anger, guilt, denial, loneliness, disbelief, rejection, helplessness and feeling lost. This study did not control time since loss, type of loss, or impact of gender. Talking about the loss with supportive others was helpful. Responses to death were not distinguished from separation or divorce.

Unresolved bereavement may lead to ongoing mental health problems such as psychosis, social decompensation, substance abuse, deviant identity, accidents, psychosomatic illness, and school or career failure (Richman, 1986). Bereavement is linked with significant levels of symptoms, morbidity, and psychopathology (Laufer, 1966; Raphael, 1974; Richman, 1986). Emotional difficulties in adulthood have been correlated with

adolescent bereavement (Osterweis, et al, 1984). Despite the known link between bereavement and psychopathology, criteria differentiating normal and abnormal adolescent bereavement are lacking (Hoagland, 1984).

Variables that influence bereavement include the availability of family support, development of cognitive skill, circumstances of the death including mode and suddenness, and the mastery of adolescent tasks. Bereavement also depends upon the relationship to the deceased, age of deceased, and the bereaved's prior experience with death (Guerriero, 1983). Adolescent bereavement is more difficult when the death was sudden or unexpected or when expression of grief is prohibited (Raphael, 1974). Raphael (1974) describes bereavement that become difficult when the teen was told to assume the father's role and to comfort the survivors.

Adolescents and bereavement after suicide

Richman (1986) asserts that an adolescent's inability to mourn may be a precursor of suicide. Without psychotherapy some adolescents who fail to resolve bereavement after a suicide may decide their fate is also suicide (Richman, 1986). While an adolescent's cognitive skills and self esteem are developing, suicide may have more potential to create a pessimistic belief system with a destructive impact on identity (Corr & McNeil 1986). Age may be a critical determinant of how adolescents understand suicide, respond to

a sense of mortality and personalize the experience. The younger the adolescent, the greater the tendency to see death as concrete and to blame themselves for the death.

Adolescent suicide survivors conclude the suicide is evidence of their irresponsibility and powerlessness: "If I were more lovable, my best friend would still be alive" (Corr & McNeil, 1986). Sugar (1968) suggests that unresolved adolescent bereavement may be partly reponsible for rising adolescent accident and suicide rates. Some teen counselors in school suicide prevention programs have sought counseling for their own suicidal feelings when they were unable to prevent the suicide of a peer (Valente & Saunders, 1987).

Problems in Research

Inconsistent definitions of adolescence create problems in interpreting research data and generalizing results (Fleming, 1985). Adolescence can mean the ages between 10-19 or between puberty and 21, or even refer to college students (Balk, 1983; Corr & McNeil, 1986).

In retrospective studies of adolescent bereavement, data have been collected from 13-48 months after death without controlling influence of memory. Variability in the time since the death confuses the research findings (Fleming, 1985). Many studies ignore variables known to influence bereavement such as mode of death, age of adolescent, anticipation of death, and nature of the relationship. Few

bereavement tools have documented properties (Balk, 1983; Van Eerdewegh et al. 1982). Designed to detect negative responses, most tools ignore positive reactions or growth. Therapists treating disturbed teens have written many articles about atypical bereavement responses that are mistaken for descriptions of normal bereavement (Poznanski, 1979).

The impact of bereavement on adolescent development deserves examination using random samples and methologically sound studies (Osterweis et al. 1984). Comparative studies of interventions that reduce morbidity and mortality could help improve counseling. Bereavement variables, research tools, and correlations of cognitive and personality development with bereavement also need study (Osterweis, et al. 1984).

Conclusions

Adolescent bereavement literature provides retrospective research and clinical case studies that emphasize the serious and life threatening consequences of bereavement. Adolescents are at risk for diverse behavior problems, morbidity and suicide if they are unable to resolve bereavement. Bereavement after a death by suicide is the most difficult type of bereavement for survivors because the death was premature, preventable, and unexpected.

Although it is clear that many variables influence bereavement, further research is needed to confirm the

variables influencing normal and atypical adolescent bereavement after suicide. Adolescents have found that talking about their bereavement with supportive others helps them resolve bereavement. Without support, adolescents experience their self blame and guilt alone and decide if life is living without the loved one or if their fate will also be suicide.

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